Proposed Legislative Priorities – 2016 Legislative Session (as of 11-20-15)

Priority - Long term funding fix still needs to be determined ($47.28 formula exists till 6-30-17). Establish $47.28 as the floor for a county's funding level opening up the possibility for additional funding based on public approval.

Major sources of funding:

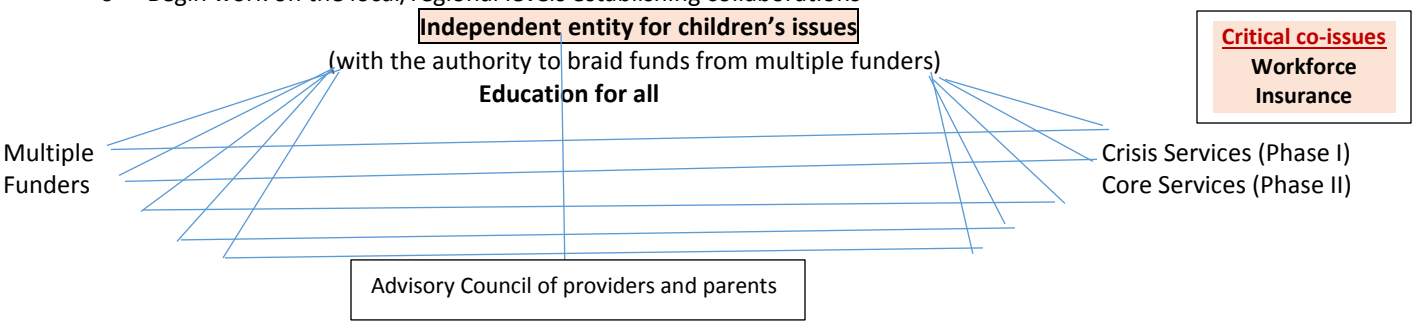
- **Medicaid dollars**
  - 53% federal dollars
  - 47% state dollars
- **County property taxes –** dollar levy set in **1996**
  - Long term funding formula
  - Less than $47.28 per capita – equalization dollars
  - Loss of $30 million when equalization dollars not appropriated - *Polk Co adversely affected*
  - More than $47.28 per capita – lower levy
  - Loss of $10 million
- **Private insurance**
  - Medicaid pays for far more services
  - Mental Health Parity not being enforced

Priority - Implementation of incentives for the expansion of MH workforce capacity

- Coordination between the following to work together to address and retain the MH workforce capacity – MCO's, Office of Consumer Affairs, U. of Iowa, MHDS Dept. and 14 Regions
- Mental health training for existing primary care physicians and their staffs (designate colleges in all four quadrants of the state to carry this out?)
- A curriculum for direct care workers in positive behavioral supports, mental illness, autism, and alzheimer's/dementia
- A lead agency or bureau to lead - focused on building the Mental Health and Disability workforce capacity
- Establish a loan forgiveness and/or tax credit program specifically for Mental Health and Disability professionals
- Create additional training program locations for Certified Behavioral Analysts
- A centralized credentialing center for providers and insurance companies – so providers only have to re-credential at one location
- Use the $750,000 in IDPH workforce program funds and $2 million in medical residency funds to provide incentives to local/regional collaborations to expand training opportunities for psychiatrists, ARNP's, PA's, and psychologists. An example is the Broadlawns plan to:
  - Establish a second psychiatric residency program at Broadlawns and Unity Point and Mercy (4/yr)
  - A doctoral clinical program for ARNP's and PA's at Broadlawns
  - Internships for psychologists at Broadlawns.
- Help providers become more viable through adequate reimbursement from all types of insurance and making training a reimbursable expense.
- Make insurance companies more accountable
  - Require to cover the entire continuum of services similar to Medicaid – both core and core plus services. All insurers need to be "in" to support the mental health needs of the community.
  - Establish a floor for MH services reimbursement
  - Approval of reimbursement for "certified" <HDS providers, not just "licensed"
  - Enforce mental health parity

Priority - Children's MH system framework legislation

- Independent entity created for children's issues with the authority to braid funds (Phase I)
- Crisis services for children and adolescents (Phase I)
- Legislation for anti-bullying, suicide prevention, trauma informed care, and mental health education in the schools for staff and students – Phase I
- School based mental health services – Phase I
- Core service domains to include prevention and early intervention (Phase II)
- Standard screening tool for medical and mental health professionals
- Standard assessment for medical and mental health professionals to determine level of services
- Begin work on the local/regional levels establishing collaborations



Priority - Continued implementation of adequate multiple levels of care separate from the county jails and Dept. of Corrections

- Need additional core service domain administrative rules – for jail diversion and other additional core service domains
- Legislation to combine core and core plus services so all domains are mandated.
- Mandate a mental health and/or substance abuse evaluation within 24 hours of arrest (prior to release of custody) to divert to treatment – and - the appointment of a case manager
- A re-write of chapter 229 – the commitment law
- We need a robust mental health system in the private sector.

Monitoring

2. Implementation of Medicaid managed care
   - Advisory councils for each MCO
   - Legislative oversight committee
   - MAAC – Medicaid Advisory Council
   - Long term care ombudsman office
   - Adequate rates
   - Handling of HCBS waivers
   - Adequate provider network
   - Financial viability of safety net providers
   - Transportation (NEMT)
   - Monitor and prevent service changes and/or reductions
3. Reports on implementation of core and core plus services statewide
4. Reports on the financial viability of regions state-wide
5. Update of the Olmstead Plan
6. 50% participation by families and persons with disabilities on legislative workgroups
7. Refueling Assistance bill – is in House Ways and Means Committee – eligible for debate at beginning FY 16 legislative session.
8. Inpatient bed tracking – CareMatch received the contract – all hospitals are connected – Karen Hyatt is the DHS contact person
   - How often are beds available being updated? 1X/day is present goal - eventually 3X/day
   - 29 hospitals, 2 MHI's connected - Connect VA hospital?
   - Feedback from hospitals, sheriffs, magistrates – and others – on how it is working
   - Who's being turned away? Where are they going?
   - Of 726 acute care beds, how many adult beds and how many children's beds are available per day, or average daily per week, or average daily per month
9. Administrative rules for mental health advocates – will be presented to Commission in December
   - Uniform standards, training, basis for pay
   - Pay comes from the Region
   - Co. Bd. Of Supervisors is the boss
   - But are a county employee
   - Pay attention to travel demands & caseload in hiring MH Advocate
10. Certified Community Behavioral Health Clinics Planning Grant - $1million
    - Plan due by October 2016
    - Who are the two clinics the plan will be based on?
    - MH, SA, primary care for children and adults
    - Eventually plan will be submitted for an implementation grant (only 8 states to be chosen)

http://www.thenationalcouncil.org/topics/certified-community-behavioral-health-clinics-3/

11. The progress of the peer specialist and family peer specialist training program by the U. of Iowa – with periodic updates from the U. of Iowa

Teresa Bomhoff
Iowa Mental Health Planning Council Chairperson
NAMI Greater Des Moines President

- Approximately 1 in 4 adults in the U.S. or 25%—experiences mental illness in a given year.
- Approximately 1 in 25 adults in the U.S. or 4.2%—experiences a serious mental illness in a given year that substantially interferes with or limits one or more major life activities.
- Approximately 1 in 5 youth aged 13–18 (21.4%) experiences a severe mental disorder at some point during their life. For children aged 8–15, the estimate is 13%.
- 1.1% of adults in the U.S. live with schizophrenia.
- 2.6% of adults in the U.S. live with bipolar disorder.
- 6.9% of adults in the U.S had at least one major depressive episode in the past year.
- 18.1% of adults in the U.S. experienced an anxiety disorder such as posttraumatic stress disorder, obsessive-compulsive disorder and specific phobias.
- Among the 20.2 million adults in the U.S. who experienced a substance use disorder, 50.5%—had a co-occurring mental illness.
- Suicide is the second leading cause of death among persons aged 10 – 24. Youth suicide is more prevalent in Iowa than in the nation as a whole
- The suicide rate for African American children has doubled since the 1990's.
- 90% of those who die by suicide experience mental illness.
- Over 20% of children have a seriously debilitating mental illness during their lifetime. (Over 45% of children have had any mental illness.)
- Half of all lifelong cases of mental illness begin by age 14 (75% by age 24).
- 80% of children who need mental health treatment never receive treatment.
- Minority children are half as likely to receive any mental health services7 and more likely to receive services that are inappropriate, fragmented, or inadequate.
- 70% of youth in state and local juvenile justice systems have mental illness. Yet the U.S. Dept. of Justice has found that juvenile facilities fail to provide adequate mental health care.
- 50% of youth in the child welfare system have mental illness.
- Approximately 50% of students with mental illness drop out of school. "Once they leave school, these students lack the social skills necessary to be successfully employed; they consequently suffer from low employment levels and poor work histories